

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122
County Registrar No. _____
Local Registrar No. _____

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Christmas
or _____
City of _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gilberto Rojas { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Feb 1 1928
Month Day Year

<p>8. FATHER Full name <u>Juan Rojas</u></p>		<p>14. MOTHER Full maiden name <u>Ventura Cano</u></p>	
<p>9. Residence (Usual place of abode) <u>Christmas, Ariz</u> If non-resident, give place and state.</p>		<p>15. Residence (Usual place of abode) <u>Christmas, Ariz</u> If non-resident, give place and state.</p>	
<p>10. Color or race <u>Mexican</u></p>	<p>11. Age at last birthday <u>22</u> (Years)</p>	<p>16. Color or race <u>Mexican</u></p>	<p>17. Age at last birthday <u>18</u> (Years)</p>
<p>12. Birthplace (city or place) <u>Saltillo, Coahuila, Mex</u> (State or country)</p>		<p>18. Birthplace (city or place) <u>Morenci, Arizona</u> (State or country)</p>	
<p>13. Occupation <u>Miner</u> Nature of industry <u>Copper Mine</u></p>		<p>19. Occupation <u>Housewife</u> Nature of industry _____</p>	

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 8:00 P m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Juan Rojas Father
Address Christmas, Arizona. (Physician or Midwife)

Given name added from a supplemental report _____
Month, day, year _____

Filed Feb 4, 19 28

P. J. Hutton
Local Registrar.

Filed _____, 19 _____

Registrar

County Registrar.

792-201-536

WRITE PLAINLY WITH UNFADING INK—THIS IS A BUREAU OF VITAL STATISTICS FORM. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.